

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C90011156</div>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St NW				
(c) City, State and ZIP Code Washington DC 20006				
2.	Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Individual filers only <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 60%;">Name of Employer</td> <td style="border: none; width: 40%;">Occupation</td> </tr> </table>			Name of Employer	Occupation
Name of Employer	Occupation			

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y

0 9 / 1 7 / 2 0 1 0

THROUGH

M M / D D / Y Y Y Y

0 9 / 1 7 / 2 0 1 0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1615.55

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Jeff Prior

09/20/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 10

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Amber Crosby

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Mailing Address

5268 Knollwood Avenue Apt 1

Amount

62.83

City

Parma

State

OH

Zip Code

44129

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Robert Gruss

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Mailing Address

1534 Belle Ave

Amount

67.65

City

Lakewood

State

OH

Zip Code

44107

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

338.25

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Rivon Hackett

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Mailing Address

12050 Lake Ave

Amount

62.83

City

Lakewood

State

OH

Zip Code

44107

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

193.31

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Chris Hall

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
1428 Maile Ave

Amount

City State Zip Code
Lakewood OH 44107

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 251.32Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
James Hewitt

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
2140 West 29th St

Amount

City State Zip Code
Cleveland OH 44113

95.42

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 381.68Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Niles Hooks

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
3555 East 142nd St

Amount

City State Zip Code
Cleveland OH 44120

62.83

Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 314.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

221.08

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Nicholas Jarrell

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
3414 Gina Drive

Amount

62.83

City State Zip Code
North Ridgeville OH 44039Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 314.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Cynthia Jenkins

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
5810 State St 20, Lot 91

Amount

62.83

City State Zip Code
Wakeman OH 44889Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 314.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Jeremy Johnston

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
2529 Chesterland

Amount

96.43

City State Zip Code
Lakewood OH 44107Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 482.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

222.09

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 10

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Dominique Jordan

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
1752 Lee Road

Amount

88.26

City State Zip Code
Cleveland Heights OH 44118Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 441.30Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Stephen Karbowiak

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
4195 West 22nd St Down

Amount

88.26

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 441.30Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Raymond Leiden

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
3103 Walton Ave

Amount

62.83

City State Zip Code
Cleveland OH 44113Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 251.32Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

239.35

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **6 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Drew Maziasz

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Mailing Address

567 Red Oak Lane

Amount

62.83

City

Bay Village

State

OH

Zip Code

44140

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Michael McMahon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Mailing Address

3470 Villa Casa Ct

Amount

88.26

City

Brunswick

State

OH

Zip Code

44212

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

441.30

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Soren Norris

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	0

Mailing Address

1510 Elmwood

Amount

67.65

City

Lakewood

State

OH

Zip Code

44107

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

338.25

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

218.74

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 10

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Daniel O'Malley

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
23724 Cliff Dr

Amount

109.09

City
Bay VillageState
OHZip Code
44140Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCalendar Year-To-Date Per Election
for Office Sought

545.45

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Ohio City Pizza

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
3223 Lorain Ave

Amount

30.00

City
ClevelandState
OHZip Code
44113Purpose of Expenditure
FoodCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCalendar Year-To-Date Per Election
for Office Sought

30.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
One Stop Sunoco

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
4402 Lorain Ave

Amount

17.59

City
ClevelandState
OHZip Code
44113Purpose of Expenditure
GasCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCalendar Year-To-Date Per Election
for Office Sought

42.14

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

156.68

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
One Stop Sunoco

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
4402 Lorain Ave

Amount

15.96

City
ClevelandState
OHZip Code
44113Purpose of Expenditure
GasCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCalendar Year-To-Date Per Election
for Office Sought

58.10

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
One Stop Sunoco

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
4402 Lorain Ave

Amount

17.33

City
ClevelandState
OHZip Code
44113Purpose of Expenditure
GasCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCalendar Year-To-Date Per Election
for Office Sought

75.43

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Kathryn Patt

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
38260 Tamarac #210 H

Amount

90.89

City
WilloughbyState
OHZip Code
44094Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☒ House

State: OH

House

☐ Senate☐ President

District: 13

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCalendar Year-To-Date Per Election
for Office Sought

363.56

Disbursement For:
2010☐ Primary☒ General☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

124.18

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **9 / 10**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Tracy Powers

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Mailing Address

3297 Kildare Rd

Amount

62.83

City

Cleveland Heights

State

OH

Zip Code

44118

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

☐

President

District: 13

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

251.32

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Katherine Segroe

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Mailing Address

1929 Mayview Ave

Amount

62.83

City

Cleveland

State

OH

Zip Code

44109

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

☐

President

District: 13

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee

Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0

Mailing Address

19727 Maplewood Ave

Amount

26.03

City

Cleveland

State

OH

Zip Code

44135

Purpose of Expenditure

Car rental

Category/
Type

Office Sought:

☒

House

State: OH

House

☐

Senate

☐

President

District: 13

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

BETTY S. MS. SUTTON

Calendar Year-To-Date Per Election
for Office Sought

249.30

Disbursement For:
2010☐

Primary

☒

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

151.69

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 / 10

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
19727 Maplewood Ave

Amount

25.60

City State Zip Code
Cleveland OH 44135Purpose of Expenditure
Car rentalCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 274.90Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Carmella Vernon

Date

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 1 0Mailing Address
1392 East 187th St Down

Amount

62.83

City State Zip Code
Cleveland OH 44110Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☒ House State: OH
House ☐ Senate District: 13
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BETTY S. MS. SUTTONCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 314.15Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

88.43

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1615.55